

*epi*TRENDS

A Monthly Bulletin on Epidemiology and Public Health Practice in Washington State

Notifiable Conditions Reporting for Communicable Diseases in Washington State

Starting a new year is a good time for a reminder about disease reporting in Washington State. All states in the country participate in reporting notifiable conditions to the Centers for Disease Control and Prevention which provide national surveillance for certain communicable conditions. In this state, Washington Administrative Code (WAC) 246-101 mandates notifiable conditions reporting for these conditions. Several Department of Health (DOH) offices including the Communicable Disease Epidemiology Section participate in this surveillance.

Purposes of Reporting

Notifiable conditions reporting is intended to protect the public's health. Most communicable conditions are reported to the local health jurisdictions, which have primary responsibility for carrying out these public health functions, assisted when appropriate by DOH (see website below.)

Depending on the condition, public health response may include: describing disease trends, identifying and controlling the sources of infection, educating the public, and other activities for preventing disease. Public health interventions include: treating those already ill, providing preventive treatment to those exposed but not yet ill, investigating outbreaks, removing harmful exposures, and assessing disease trends to direct activities and policy development. For example, a case of botulism might involve arranging treatment for the case, identifying others sharing the same exposure, providing education regarding home canning, and destroying potentially contaminated home canned product.

Both suspect and confirmed cases of conditions should be reported, particularly for potentially severe illnesses. Although reporting of notifiable conditions is often recognized as a function of health care providers, others also have responsibility for reporting in Washington State. These other reporters include clinical laboratories, food service establishments, and schools.

Health Care Providers

A state list of communicable disease conditions (WAC 246-101-101) and any additional conditions added by the local health jurisdiction should be reported by health care providers. Health care providers working for a hospital may have their reporting responsibilities covered by the facility when more than one health care provider is in attendance for the patient with the notifiable condition.

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Notifiable conditions that health care providers should report immediately to the local health jurisdiction are: animal bites, botulism, brucellosis, cholera, diphtheria, enterohemorrhagic *E. coli* (such as *E. coli* O157:H7,) invasive *Haemophilus influenzae*, hemolytic uremic syndrome, hepatitis A, listeriosis, measles, meningococcal disease, paralytic shellfish poisoning, pertussis, plague, poliomyelitis, animal or human rabies, relapsing fever, rubella, salmonellosis (including typhoid), shigellosis, tuberculosis, typhus, and yellow fever. In addition, diseases of suspected bioterrorism origin, clusters of communicable diseases of foodborne or waterborne origin, other rare diseases of public health significance, and a case of unexplained critical illness or death should be reported immediately to the local health jurisdiction. All these conditions require some type of urgent public health intervention. Most other communicable diseases that are notifiable conditions should be reported within three work days (see websites below.)

Health Care Facilities

Health care facilities include licensed institutions such as hospitals, clinics, nursing homes, birthing centers, and adult family homes. The list of immediately notifiable conditions is the same for facilities as for health care providers. Most other communicable diseases that are notifiable conditions should be reported within three work days (see websites below.)

Veterinarians

Veterinarians should report diseases transmissible from animals to humans that are notifiable by health care providers. Examples of immediately notifiable conditions are: anthrax, arboviral disease (such as West Nile virus,) brucellosis, plague, posittacosis, rabies, tuberculosis, and tularemia. Other vector-borne or zoonotic diseases of public health importance should also be reported (see websites below).

Laboratories

Responsibilities of laboratories includes both reporting of results and for some conditions submission of specimens to a public health laboratory, either a local health jurisdiction laboratory or the Washington State Department of Health (DOH) Public Health Laboratory. Notifiable conditions that laboratories should report immediately to the local health jurisdiction are: botulism, cholera, measles, plague, and animal or human rabies. In addition, diseases of suspected bioterrorism origin and other rare diseases of public health significance should be reported immediately. Additional notifiable conditions should be reported within two days (see websites below.)

Positive specimens or isolates should be submitted to a public health laboratory, either at the local or state health department, for the following: botulism, cholera, cyclosporiasis, diphtheria, disease of suspected bioterrorism origin, enterohemorrhagic *E. coli*, measles, meningococcal disease, plague, rabies, *Salmonella*, *Shigella*, syphilis, tuberculosis, and tularemia. The public health laboratory may conduct additional testing to confirm the case or to carry out strain identification. Strain identification is done routinely by DOH for *Salmonella*, *Shigella*, and enterohemorrhagic *E. coli* isolates.

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A hospital laboratory does not have reporting responsibilities covered by the facility and should report in parallel. For example, a case of salmonellosis diagnosed in a hospital should be reported by both the hospital laboratory and by the hospital or the attending physician.

Other Reporters

Food service establishments, child day care facilities, and schools also have reporting responsibilities. In addition, these facilities are expected to cooperate with public health investigations. The person in charge of a food service establishment should notify the local health jurisdiction of potential foodborne disease. A school or child day care facility should notify the local health jurisdiction of cases, suspected cases, outbreaks, and suspected outbreaks of notifiable conditions that may be associated with the school or facility.

Websites

Local health jurisdictions contact information is available at:

<http://www.doh.wa.gov/LHJMap/LHJMap.htm>

Posters listing all notifiable conditions are available at: <http://www.doh.wa.gov/notify/>

Information about notifiable conditions is available at: <http://www.doh.wa.gov/notify/list.htm>

Notifiable conditions reporting forms are available at: <http://www.doh.wa.gov/notify/forms/>

WACS are available at: <http://apps.leg.wa.gov/wac/default.aspx?cite=246>

Welcome New Vaccine-Preventable Disease Epidemiologist

We are pleased to announce a recent addition to the Communicable Disease Epidemiology Section. Chas DeBolt, who has considerable experience in local public health in Washington, has accepted a position as the Vaccine-Preventable Disease Epidemiologist. Chas is trained in nursing and public health and worked for many years on the investigation and control of vaccine-preventable diseases. Her experience will be a very valuable asset for the Department and will enhance ability to focus on improvements in our approach to vaccine-preventable diseases.

This change is a collaborative effort between the Division of Community and Family Health Immunization Program/Child Profile and the Communicable Disease Epidemiology Section to consolidate the investigation and surveillance of acute vaccine-preventable diseases in a single office at the state level. Requests for assistance or information regarding surveillance or investigation of acute vaccine-preventable diseases should be directed to Chas, including rash illnesses formerly investigated by the Immunization Program/Child Profile.

The acute vaccine-preventable diseases that are notifiable to the Communicable Disease Epidemiology Section in Washington include: diphtheria, invasive *Haemophilus influenzae* infections in children less than 5 years of age, hepatitis A, acute hepatitis B, measles, meningococcal disease, mumps, pertussis, polio, rubella and tetanus.

Chas can be reached by e-mail at chas.debolt@doh.wa.gov or by phone at 206.418.5413.